## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS BANK DEPOSITORY APPLICATION/NOTIFICATION

APPLICATION FOR A NEW ACCOUNT	Γ		
NOTIFICATION OF DISSOLUTION OF	ACCOUNT		
DEPARTMENT/AGENCY:			
ADDRESS:			
RECEIPT ACCOUNT AND APPROPRIATION ACCOUNT NUMBER	R: ———		
PURPOSE OF BANK ACCOUNT:			
PERSON(S) ACCOUNTABLE FOR BAI	NK ACCOUNT (A	AUTHORIZED SIGNAT	URES):
REQUESTED LOCATION OF BANK ACCOUNT:			
ANTICIPATED AMOUNT OF BANK AC (Average Daily Balance)	COUNT: —		
SURVEY OF NEED: (Express comments that will justify/expla	ain request:)		
Signature of Department/ Agency Director	Date	Date Tel. No.	
APPROVED: □ DENIED: □	Sta	ite Controller	 Date
APPROVED: □ DENIED: □		neral Treasurer	 Date
REASON FOR DENIAL (If Applicable):	30		Date